

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013655

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3318

STATE FILE NUMBER

FILED MAR 28 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		Length of stay in lb <b>3 yrs</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>4730 Olive St.</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>DAVED NICHOLSON</b>		4. DATE OF DEATH Month Day Year <b>MARCH 18 1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>12/4/90</b>
9. AGE (last birthday) <b>72</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <b>3 14</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Doorman, Nat'l</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>C.S. Swift &amp; Co.</b>	
11. BIRTHPLACE (City and state or country) <b>Scooba, Miss.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Felix Nicholson</b>		13b. MOTHER'S MAIDEN NAME <b>Frankie Gahston</b>	
14. NAME OF HUSBAND OR WIFE <b>Birdie Nicholson</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates) <b>No</b>	
16. SOCIAL SECURITY NO. <b>968</b>		17. INFORMANT Address <b>Vernon Nicholson, 4730 Olive</b>	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>LEFT MIDDLE CEREBRAL ARTERY OCCLUSION</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>CEREBRAL ARTERIOSCLEROSIS</b> DUE TO (c) <b>332XH</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b> <b>Sev. yrs.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Carcinoma of stomach</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>10/5/60</b> to <b>3/18/63</b> and last saw her alive on <b>3/18/63</b> Death occurred at <b>4:20 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>E. D. Vermillion M.D.</b>		22b. ADDRESS <b>BARNES HOSPITAL</b>	
22c. DATE SIGNED <b>3/19/63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
23b. DATE <b>3/22/63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	
23d. LOCATION (City, town, or county) <b>St. Louis County, Mo.</b>		24. FUNERAL DIRECTOR ADDRESS <b>Charles J. Gates, Jr., 4107 Finney</b>	
25. DATE RECD. BY LOCAL REG. <b>MAR 21 1963</b>		26. REGISTRAR'S SIGNATURE <b>Roan Smith, M.D.</b>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

52

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Raymond Dickson, Student Embalmer No. 665

working under my personal supervision.

Student

Raymond Dickson  
Signature of Student Embalmer

Signed

Quinton Swen

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.